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J4042 U.S. PTO

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

Attorney Docket No.	AUGA22000007		
Client Matter Number	103806-165627		
First Inventor or Application Identifier:	Van Duren et al		
Title:	CONTROL AND DETECTION OF A CONDITION BETWEEN AN INFLATABLE THERMAL DEVICE AND AN AIR HOSE IN A CONVECTIVE WARMING SYSTEM		
Express Mail Label No.:	12/17/01 U.S. PTO 4024387		
Application Elements <small>(See MPEP chapter 600 concerning utility patent application contents)</small>		ADDRESS TO:	BOX PATENT APPLICATION U.S. Patent & Trademark Office P.O. Box 2327 Arlington, VA 22202
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, & duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix)	
3. <input checked="" type="checkbox"/> Specification [Total Pages <u>44</u>] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings (<i>if filed</i>) • Detailed Description • Claim(s) • Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>20</u>]		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies 	
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney <small>(when there is an assignee)</small>			
11. <input type="checkbox"/> English Translation Document (if applicable)			
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input checked="" type="checkbox"/> Copies of IDS Citations			
13. <input checked="" type="checkbox"/> Preliminary Amendment (<u>34</u> pgs.)			
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>			
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>			
16. <input checked="" type="checkbox"/> Express Mail Certification			
17. <input type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent</small>			
18. <input checked="" type="checkbox"/> OTHER: Check # <u>495626 (\$388.00)</u>			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: <u>09/546,078</u>			
<i>Prior application information:</i> Examiner: <u>J. Ram</u> Group/Art Unit: <u>3739</u>			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number (25548) OR <input type="checkbox"/> Correspondence Address Below			
NAME ATTN: Terrance A. Meador GRAY CARY WARE & FREIDENRICH			
ADDRESS 4365 Executive Drive, Suite 1100 San Diego, CA 92121-2133			
Direct Telephone: 858/638-6747		Patent Group Fax No.: 858/638-6727	
Name (print/type)	TERRANCE A. MEADOR		Registration No.: (Attorney/Agent) 30,298
Signature			Date

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FEE TRANSMITTAL

Attorney Docket No.	AUGA2200007
First Named Inventor:	103806-165627
Application Number	Unknown
Filing Date:	Herewith
Examiner Name:	Unknown
Group/Art Unit:	Unknown

TOTAL AMOUNT OF PAYMENT:	\$ 388.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 07-1895 Deposit Account Name: GRAY CARY WARE & FREIDENRICH X. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other #495626

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 740.00	\$370.00	\$ 370.00
Total Claims	22 - 20 =	2	X \$ 18.00	X \$ 9.00	\$ 18.00
Independent Claims	3 - 3 =	0	X \$ 84.00	X \$ 42.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 280.00	\$140.00	\$ 000.00
Total of above Calculations =					\$ 388.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 165.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TERRANCE A. MEADOR	Registration No.: (Attorney/Agent)	30,298
Signature	<i>Terrance A. Meador</i>	Date	

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Marcia M. Whittier

NAME

Marcia M. Whittier

SIGNATURE